**Operation Fresh Start**  
**STRIVE Program Interest Form**

Thank you for your interest in the STRIVE Program. Please complete the following form and a STRIVE Coordinator will contact you soon. Please print neatly.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone #</th>
<th>Cell Phone #</th>
<th>Email Address</th>
</tr>
</thead>
</table>

Gender: Male / Female  
Age ___________________  
Birthdate ___________________

Education Level:  
- [ ] High School Diploma  
- [ ] GED  
- [ ] HSED  
- [ ] Neither

High School attended: ______________________________________________________________

Are you currently enrolled in college?  
Y / N

Are you a citizen of the United States or have an Authorization to Work?  
Y / N

Do you currently have a job?  
Y / N

If yes, where do you work? __________________________  How much do you make?  ______________

Number of people who are over 18 years old and working in your household:  __________

How did you hear about Strive __________________________________________________________

Total Combined Household Income of people who are over 18 years old and working in your household:

- [ ] Less than $15,000  
- [ ] $15,001 - $24,000  
- [ ] $24,001 - $30,000  
- [ ] Over $30,000

Check any that apply:

- [ ] Household/Self receiving public assistance (W2, Badger Care, Emergency Assistance)  
- [ ] Household/Self receiving food stamps (FoodShare) within last 6 months  
- [ ] Foster child  
- [ ] Disabled/School IEP  
- [ ] Homeless/Runaway  
- [ ] Criminal background  
- [ ] Pregnant or parenting  
- [ ] None of the above apply to me